

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### REQUEST FOR VERIFICATION OF CERTIFICATION

**APPLICANT:** Complete this section and forward to one of the following organizations:

**The North American Registry of Midwives**  
**Test Department**  
**P.O. Box 7703**  
**Little Rock, AR 72217-7703**

**OR**

**The American College of Nurse - Midwives**  
**8403 Colesville Road, Suite 1550**  
**Silver Spring, MD 20910**  
**(240) 485-1800**

**Last Name**

**First Name**

**MI**

**Former / Maiden Name(s)**

**Name on Certification Records** (if different from above)

**Address** (number, street, city, zip code)

**Social Security Number** (voluntary-for use in locating your records)

**Daytime Phone Number**

**Month/Year of Examination**

**Month/Year of Certification**

**Date of Birth**

**Applicant Signature**

**Date**

### **NORTH AMERICAN REGISTRY OF MIDWIVES OR THE AMERICAN COLLEGE OF NURSE MIDWIVES:**

Submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements; currently holds, or is a candidate for a professional midwife credential, or a valid certified nurse-midwife credential. You may mail evidence to the Department at the address above or you may fax/email with cover sheet/letter to 608-261-7083 or [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov).